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## APPLICANTS

Anthony R. Kelley, Madison, AL;  
Paul D. Van Buskirk, Humble, TX;

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/05/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	AL	4	26	4
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

30698

## TITLE

BALANCED ORIFICE PLATE

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